

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/700463**

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5						
6			1			
7			1			
8						
9			1			
10			1			
11			1			
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TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS